

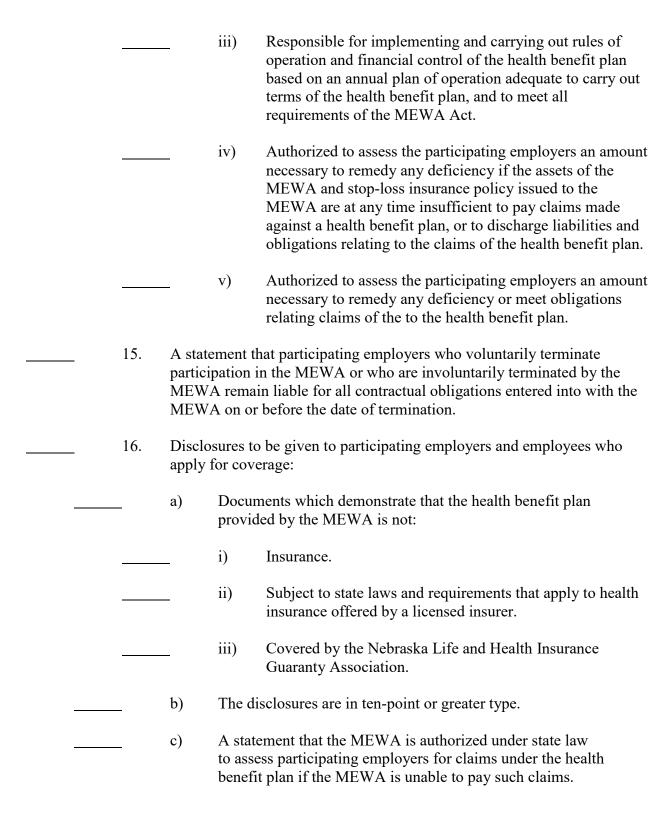
STATE OF NEBRASKA DEPARTMENT OF INSURANCE

1135 M Street, Suite 300 Lincoln, Nebraska 68508 (402) 471-2201 http://www.doi.ne.gov

Applicant Name:	
State of Domicile:	
Home Office Addre	ess:
Contact Name:	Phone:
Federal ID Number	r:
Date Commenced 1	Business:
Fees: Application I	Fee is \$1000. Checks made payable to the Nebraska Department of Insurance.
	Multiple Employer Welfare Arrangement Application for Certificate of Registration
Act, the Nebraska documents listed b	Lev. Stat. §44-7601 - §44-7617, The Multiple Employer Welfare Arrangement Department of Insurance requires the applicant to submit a filing fee and the below in duplicate, to the Department to obtain approval for registration as a welfare arrangement.
1.	\$1000 filing fee.
2.	Articles of incorporation, association or other organizational documents.
3.	Bylaws.
4.	Materials and or documents describing the rights and obligation of employers participating in the multiple employer welfare association.
5.	Trust Agreement.

	6.	Unaudited financial statement which contains attestation by the Board of Trustees.				
	7.	Actuarial statement that includes:				
		a) A statement that rates charged and reserves are sufficient to pay both (a) incurred claims, and (b) incurred but not reported claims, and (c) associated expenses for the health benefit plan.				
		b) Confirmation that the required stop loss insurance policy is in force.				
	8.	Financial Statement				
		a) balance sheet				
		b) income statement				
		c) statement of cash flow				
		d) Form 5500				
		e) Form M-1				
	9.	Health benefit plan				
		a) Summary plan description				
		b) Proposed advertising materials used in the solicitation employers which will participate in the health benefit plan.				
	10.	All contracts and other instruments proposed to be made offered or sold by the multiple employer welfare arrangement to employers participating in the MEWA's health benefit plan. The contract with the third party administrator which administers the plan, if any.				
	11.					
	12.	Stop loss insurance policy				
,		a) Binder or stop loss insurance policy by an insurer licensed in Nebraska.				
		b) Policy provides coverage in excess of the MEWA's retention of				

				of the MEWA's expected health claims costs as determined aggregate basis.	
	-	c)	covera	contains a provision that insurer may not terminate ge unless the MEWA and the Director of Insurance receive ay notice of termination prior to the effective date of ation.	
_	13.	Multiple Employer Welfare Association information which includes t following:			
	-	a)		ement that the MEWA is established and ined by an association of employers.	
	-	b)	substa	nce that the MEWA has been in existence and engaged in ntive activity for its members other than sponsorship of a benefit plan for more than three years.	
	-	c)		ement that the MEWA is composed of two or more members which are in the same trade or industry.	
	-	d)		employers and employees who participate or will pate in the health benefit plan offered by the MEWA.	
	-	e)	from t	ement that the MEWA has applications for participation wo or more members who are employers and which has an eate of 200 or more participating employees.	
_	14.	Board of Trustees			
	-	a)	owners	nce to support that the Board of Trustees is composed of s, partners, officers, directors, or employees of one or more icipating employers.	
	-	b)	Evidence to support a statement that no member of the Board of Trustees is an owner, officer or employee, or a partner in, or contract administrator, or other service provider to the health benefit plan or of any third party administrator of the MEWA. A statement that no member of the Broad of Trustees has been convicted of any felony or a Class I, II or III misdemeanor.		
	-	c)			
	-	d)	Documbe:	nents containing provisions that the Board of Trustees shall	
		_	i)	A fiduciary of the trust.	
		_	ii)	The plan administrator for all operations of the health benefit plan.	



ε	nd accurate representation of this entity. I agree to notify the nee of any changes pertaining to the above required information
Date	Signature
	Title

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